Please	type a plus s	sign (+)	inside this	box →	+						
PleasEtype a plus sign (+) inside this box → DEC 9.7 7 MM WEEE TRANSMITTAL					Complete if Known						
only utters may accomman					Serial No. 10/072,540 Application Date February 8, 2002						
TRANSMITTAL											
1 DEC					US Nat'l Entry Date (if applicable)						
No.					First Named Inventor James Arthur Hoffmann					n	
Effective December 8, 2004					Group Art Unit 1614						
					Examiner Name Delacroix-Muirheid Conf. No. 4243						
TOTAL AMOUNT OF PAYMENT (\$)120.00					Conf. No. 4243 Attorney Docket Number X-11368A						
(9)120.00											
METHOD OF PAYMENT (check one)						1	FEE CALCUL	ATION (c	continued)		
The Commissionar is basely subharised to show					1						
1.	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				Large Entity Fee Code	Large Entity Fee (\$)	ntity Fee Description Fee Paid				
Acco	Deposit Account 05-0840					130	Surcharge-la	rcharge-late filing fee or oath			
Depo: Accor	Deposit Account Eli Lilly and Company			pany	1052	50	Surcharge-lat or cover shee	late provisional filing fee neet.			
X	Charge Any Additional Fee		Charge the Iss 37 CFR 1.18 at allowance	sue Fee Set in the time of	1053	130	Non-English	specificatio	on		
Required allowance FEE CALCULATION				1251	120	Extension for	r reply with	hin first month	120 . 00		
<u> </u>					1252	450	Extension for	r reply with	hin second month		
 In connection with the filing, search and exam fees 					1253	1,020	Extension for	n for reply within third month			
Cođe	Description		Fee	Fee Paid	1254	1,590	Extension for	r reply with	hin fourth month		
1011	Basic filing		\$300.00		1255	2,160	Extension for	r reply with	hin fifth month		
1111	(Utility) Utility searc		\$500.00	-	1401	500	Notice of App	peal			
1311											
fee											
SUBTOTAL (1) (\$)					1452	500					
					1453	1,500	Petition to	revive-unint	tentional		
}					1502	1,400	Utility issue	e fee (or re	eissue)		
					122	130	Petitions to	the Commiss	sioner		
Code	Total clair	ns	Extra	Fee Paid	1801	790	Request for (Continued Ex	xamination (RCE)		
1202	20	=	X 50 =	\$	Ot	her fee (sp	pecify)				
										,	
	Indopondent					Other fee (specify)					
Independent claims						ner ree (S)	pecity)				
1201	1 3 = X 200 = \$										
	Multiple Yes					Other fee (specify)					
1203	3 Dependent or 360 = \$ Claim No (if yes)										
Claims and Excess Length Fees					Other fee (specify)						
1081 Total length (spec + drawings)											
100 = excess pages											
\$											
No extra charge for first 100 pages. Must pay \$250 for each adtl 50 pages (or fraction thereof).											
SUBTOTAL (2) (\$)								SUBTO	TAL (3)	(\$)120. 00	
SUBMITTED BY					I			Complete	e (if applicable	<u> </u> 	
Typed or Gregory A. Cox						Reg. Number 47,504					
Printed Name								Dato	L		
Signature Ja. Cap								Date	Dec 16,	2005	
									L		